

Name of Artist *Josephine Battista*

(Please Print Name)

Address of Artist *Rainbow Hospital S. Euclid, O.*

835

Registration No.

Title of Work *Table runner*

Location of Scene

T. R. No.

Class of Work *Weaving*

Selling Price *4.50*

Owned or lent by *The Rainbow Hospital*

Accepted

Permission to reproduce is assumed  
unless objection is noted here.

Size *11 1/2" x 33"*

Please fill out one card for each work to be entered and mail *not later than*  
April 3, 1923, to

Rejected

THE CLEVELAND MUSEUM OF ART  
Station E, Cleveland, O.

Award

FIFTH Annual Exhibition of work by CLEVELAND ARTISTS AND CRAFTS-  
MEN, May 1 to June 3, 1923.

[over]